



Name	_____	Today's Date	_____
Organization	_____	Phone	_____
Email	_____	WBS Element	_____

58100	
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TRAVEL DATES: From _____
To _____

I hereby certify that all expenditures reported here are legitimate expenses to the Southern California Association of Governments.

* Attach **Original** receipt
 * If Train fare exceeds \$25.00, attach **Original** receipt
 * If Bus, Parking, Shuttle, Taxi exceeds \$10.00, attach **Original** receipt

NOTE: Lodging Max = \$84.00/day
 Except: Los Angeles, San Diego Counties = \$110.00/day
 Alameda, San Francisco, Santa Clara, and San Mateo Counties = \$140.00/day